

# **Exhibit 14**



December 01, 2007 -  
December 31, 2007

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Account Number  
000000091182055

ROSS UNIVERSITY SCHOOL OF MEDICINE

## Commercial Checking

(continued)

## Deposits and Credits

Ledger Date	Description	Amount
12/31	ORIG CO NAME: BANKCARD ORIG ID: 1210001927 DESC DATE: 071228 CO ENTRY DESCR: MERCH SETLSEC: CCD TRACE#: 021000027551044 EED: 071231 IND ID: 192770049703886 IND NAME: ROSS UNIV SCH OF MEDIC TRN: 3627551044TC	\$1,000.00
<b>Total</b>		<b>\$614,785,838.40</b>

## Withdrawals and Debits

Ledger Date	Description	Amount
12/03	BOOK TRANSFER DEBIT A/C: BANK OF NOVA SCOTIA ROSEAU ROSEAU DOMINICA REF: BUDGET TRANSFER FOR WK#1 DEC 2007 TRN: 0351300337JO YOUR REF: NONREF	\$54,000.00
12/03	CHIPS DEBIT VIA: CITIBANK/0008 A/C: ACSWIFT#: NCDMDMDM ROSEAU, DOMINICA BEN: ROSS UNIVERSITY SCHOOL OF MEDIC ROSEAU, DOMINICA REF: PAYROLL TRANSFER FOR WK#1 DEC 2007/BNF/ABA/ABA#: 021000089 SWIFT#: SSN: 0250882 TRN: 0351400337JO YOUR REF: NONREF	\$54,000.00
12/03	FUNDING XFER TO MULTIPLE ACCTS TRN: 0190000272RJ	\$278,840.09
12/03	END-OF-DAY INVESTMENT SWEEP - PURCHASE OF SHARES IN JPMORGAN PRIME MONEY MARKET FUND - AGENCY SHARES - FUND 349 YOUR REF: 47Y9995575337	\$33,947,026.73
12/03	ORIG CO NAME: BANKCARD ORIG ID: 1210001927 DESC DATE: 071130 CO ENTRY DESCR: MERCH FEESSEC: CCD TRACE#: 021000028435071 EED: 071203 IND ID: 192770049703886 IND NAME: ROSS UNIV SCH OF MEDIC TRN: 3378435071TC	\$1,446.68
12/04	FUNDING XFER TO MULTIPLE ACCTS TRN: 0190000272RJ	\$148,657.60
12/04	END-OF-DAY INVESTMENT SWEEP - PURCHASE OF SHARES IN JPMORGAN PRIME MONEY MARKET FUND - AGENCY SHARES - FUND 349 YOUR REF: 47Y9995576338	\$34,582,863.74
12/05	BOOK TRANSFER DEBIT A/C: CARITAS HEALTH CARE INC BROOKLYN NY 11237-4006 TRN: 2869700339JO YOUR REF: NONREF	\$3,776,455.00
12/05	FUNDING XFER TO MULTIPLE ACCTS TRN: 0190000273RJ	\$334,543.05

ROSS0548





# Wire & Cable Transfer Application

DATE 12/05/2007	<input checked="" type="checkbox"/> WIRE	<input checked="" type="checkbox"/> CABLE	ACCOUNT TITLE/CUSTOMER'S NAME (LAST, FIRST, MIDDLE INITIAL) ROSS UNIVERSITY SCHOOL OF MEDICINE	
FOR BACK OFFICE USE				
1123				
IF TRANSFERRING FOREIGN CURRENCY:				
CONTRACT NO.	VALUE DATE	CONVERSION RATE	CONVERTED BY (INITIALS) 25011177990	
TRANSFER AMOUNT:				
FOREIGN CURRENCY (AMOUNT AND TYPE)		TRADER'S NAME	U.S. DOLLAR AMOUNT \$3,776,455.00	
DEBIT ACCOUNT NUMBER 0 0 9 1 1 8 2 0 5 5			INTERMEDIARY CORRESPONDENT BANK (If necessary) ABA ROUTING NUMBER / SWIFT CODE	
NAME / ACCOUNT TITLE ROSS UNIVERSITY SCHOOL OF MEDICINE		BANK NAME		
ADDRESS 499 THORNALL STREET, 10TH FLOOR		ADDRESS		
CITY, STATE, ZIP CODE, COUNTRY EDISON, NJ 08837-2235		CITY, STATE, ZIP CODE, COUNTRY		
TO: PAYEE/BENEFICIARY BANK		FOR: PAYEE/BENEFICIARY ACCOUNT OF		
BANK CODE 021000021		ACCOUNT NUMBER 134768426		
BANK NAME JP MORGAN CHASE		NAME / ACCOUNT TITLE CARITAS HEALTH CARE, INC.		
ADDRESS		ADDRESS		
CITY, STATE, ZIP CODE, COUNTRY		CITY, STATE, ZIP CODE, COUNTRY		
ORIGINATOR REFERENCE:		BENEFICIARY REFERENCE:		
SPECIAL INSTRUCTIONS/PAY DETAIL: (Optional)				
The execution by The Chase Manhattan Bank of the requested transfer is subject to the terms and conditions contained in the Funds Transfer Agreement signed by the parties.				
CUSTOMER'S TELEPHONE NUMBER (732) 978-5300		DATE OF APPLICATION 12/05/2007		
CUSTOMER'S NAME (PRINTED) JOHN ST. JAMES EXT. 2661		CUSTOMER'S NAME (PRINTED) WILFREDO RAYMUNDO EXT. 2665		
CUSTOMER'S SIGNATURE 		CUSTOMER'S SIGNATURE (If Necessary) 		